

CITY OF LINCOLN
2006-2007 HEALTH, DENTAL, AND VISION MONTHLY RATES
EFFECTIVE NOVEMBER 1, 2006
EMPLOYEES REPRESENTED BY POLICE

COVENTRY

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$436.00	\$967.94	\$1,281.84
City Share	<u>\$427.28</u>	<u>\$774.36</u>	<u>\$1,025.48</u>
Employee Share*	\$ 8.72	\$ 193.58	\$ 256.36

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 27.46	\$ 54.62	\$ 81.78
City Share	<u>\$ 27.46</u>	<u>\$ 36.05</u>	<u>\$ 53.97</u>
Employee Share*	\$ 0.00	\$ 18.57	\$ 27.81

EYEMED VISION CARE

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
Employee Share	\$ 9.16	\$ 17.40	\$ 18.32	\$ 27.28

There are four enrollment options available for health, dental, and vision coverage.
They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

*Must complete 90 days of employment before employee is eligible for City contribution.